

Accident Investigation Data

Event Number: 4 1 6 5 1 1 3

U.S. Department of Labor
Mine Safety and Health Administration

A. Mine Information

1. Mine ID Number: 1 5 - 1 1 0 0 5		2. Mine Name: MTR SURFACE MINE		3. Operating Company Name: MARTIN COUNTY COAL CORP	
4. Mine Location: (Town, County, and State) INEZ, MARTIN, KY 41224				b. Union Affiliation: 9999 None (No Union Affiliation)	
5. Mine Type: S Strip/Open Pit Quarry		6a. Material Mined/Processed: 122101 Bituminous (Surface)		b. Part 48 Exempt? Yes No	
				7. Name Of Seam: (Coal Only) Coalburg	
8. Mining Data: a. Mining Method: 0 2 Single Bench (Open Pit)		b. Extraction Method: 0 7 Highwall Miner (Coal only)			
c. Haulage Method(s): 0 1 Conveyor Belt		0 3 Truck		0 4 Rail	
d. Are explosives used in the extraction of material? Yes No X					
9. Employment: At Time of Accident: a. Underground: b. Surface: 6		10. Production:(Coal only)		11. Hours of Operation: a.Hours per Shift: 12	
Avg Mine Employment: a. Underground: b. Surface: 64		Avg Tons per Day: 5000		b. Shifts per Day: 2 c.Days per Week: 6	
12. Number of Active MMU's:(Coal Only)		13. Methane Liberation:		14. Average Mining Height:	
a. Development b. Retreat:		Cubic Feet in 24 hours		Feet: Inches:	
15. Management/Labor Officials:					
Title		Name		Address	
President		Dennis Hatfield		P.O. Box 5002, Inez, KY 41224	
Surface Mine Manager		John R. Stepp		P.O. Box 5002, Inez, KY 41224	
Safety Coordinator		Elmer Howard		P.O. Box 5002, Inez, KY 41224	

B. Accident Information

16. Date(MM/DD/YY)/Time(24Hr.) of Accident: a. Date: 05/24/2000 b. Time: 5:45		17. Type of Investigation: Fatal X Non-Fatal Non-injury		18. Accident Classification: 0 6 Fall of Highwall		19. Number of Deg. 1-5 Injuries: 1	
20. Location of Accident/Injury/Ill. a. Surface Location: 0 3 Auger Operation (Highwall Miner)		b. Underground Location:		21. Number of Independent Contractor Companies Involved in Accident: 1			
22. Equipment Involved: a. Type: 710200 Front-end Loader		b. Manufacturer: 0310 Caterpillar		e. Controls: N N/A			
#1 c. Model No: 988B		d. Serial Number: 50W4584					
a.Type:		b. Manufacturer:					
#2 c. Model No:		d. Serial Number:		e. Controls:			
23. Description of the Accident:							

At approximately 5:45 a.m. on Wednesday, May 24, 2000, a collapse of the highwall occurred in the Coalburg highwall miner pit at the Martin County Coal Corp., MTR Surface Mine Number 1. Ronnie Wright, front-end loader operator, was working to move coal from the stockpile at the highwall miner conveyor stacker when the highwall fell onto the Caterpillar 988B front-end loader, resulting in fatal injuries.

A hillseam extended nearly vertical and parallel to the highwall face for a distance of approximately 265 feet in length and up to 12 feet in depth. The hillseam which was exposed to the surface at both ends was being undermined in the Coalburg seam by the highwall miner. The immediate roof of the mined openings consisted of 10-25 feet of shale overlain by a main roof of sandstone extending up to the Stockton seam near the top of the highwall.

24. Conclusion:

The accident was a direct result of the miner operator's failure to detect, recognize, and/or take appropriate measures regarding an adverse geologic condition in the highwall in an active highwall mining area. The adverse condition consisted of a continuous nearly-vertical joint, or hill seam, running nearly parallel to the highwall. The presence of this joint left a large, relatively narrow column of rock in a marginally stable condition, with minimal support in the back. In this condition, even minor disturbances would cause it to become unstable. Since the condition was not detected, no modifications to the normal mining procedure were implemented.

25. Enforcement Actions: Indicate P for procedure type violation, C for condition type, or T for training type.

Violation Type	Citation Number	Regulation Cited	Section of the Act
<input type="checkbox"/> C <input type="checkbox"/>	7369116	77.1004(b)	
Citation	X	Order	Type/Action: 104(a) Summary of Violation: Unsafe ground condition was not corrected.

IC:

<input type="checkbox"/> P <input type="checkbox"/>	7369117	77.1713(a)	
Citation	X	Order	Type/Action: 104(a) Summary of Violation: Examination for hazardous conditions not adequate.

IC:

<input type="checkbox"/> P <input type="checkbox"/>	7373408	77.1000	
Citation	X	Order	Type/Action: 104(a) Summary of Violation: Ground control plan was not being followed.

IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation		Order	Type/Action: Summary of Violation:

IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation		Order	Type/Action: Summary of Violation:

IC:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Citation		Order	Type/Action: Summary of Violation:

IC:

C. MSHA Information

26. Last Quarter NFDL Injury Incidence Rate (PEIR) for:			27. Did Technical Support participate in this investigation ?		28. Part 50 Document Control Number:(Form 7000-1):	
Industry: 2.03	This Mine: 0	Contractor: 0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="text"/>	
29. MSHA District Office: Pikeville			30. MSHA Field Office: Martin, KY		31. Date Last Regular Inspection Completed: 09/30/1999	
32. Lead Accident Investigator: Name; AR No.; Date :			33. Date On-site Investigation Started:		34. Formal Report:	
Name: Robert Newberry			AR No.: 23654 Date: 06/30/2000		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
			05/24/2000		35. Report Release Date: 07/18/2000	

Accident Investigation Data - Victim Information

U.S. Department of Labor Mine Safety and Health Administration



Event Number: 4 1 6 5 1 1 3

Victim Information: 1

1. Name of Injured/III Employee: <i>Ronnie J. Wright</i>			2. Sex <i>M</i>		3. Victim's Age <i>45</i>		4. Last Four Digits of SSN: <i>4810</i>			5. Degree of Injury: <i>01 Fatal</i>									
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death: <i>a. Date: 05/24/2000 b. Time: 10:44</i>							7. Date and Time Started: <i>a. Date: 05/23/2000 b. Time: 18:00</i>												
8. Regular Job Title: <i>082 Front-end-loader operator</i>					9. Work Activity when Injured: <i>053 Operate front-end loader</i>					10. Was this work activity part of regular job? <i>Yes X No</i>									
11. Experience a. This		Years	Weeks	Days	b. Regular		Years	Weeks	Days	c. This		Years	Weeks	Days	d. Total		Years	Weeks	Days
Work Activity:		<i>4</i>	<i>40</i>	<i>0</i>	Job Title:		<i>4</i>	<i>40</i>	<i>0</i>	Mine:		<i>4</i>	<i>40</i>	<i>0</i>	Mining:		<i>23</i>	<i>0</i>	<i>0</i>
12. What Directly Inflicted Injury or Illness? <i>091 Fall of highwall (landslide)</i>										13. Nature of Injury or Illness: <i>170 Crushed by falling rock</i>									
14. Training Deficiencies: Hazard: <i> </i> New/Newly-Employed Experienced Miner: <i> </i> Annual: <i> </i> Task: <i> </i>																			
15. Company of Employment:(If different from production operator) <i>Ranger Contracting, Inc.</i>										Independent Contractor ID: (if applicable) <i>RUM</i>									
16. On-site Emergency Medical Treatment: Not Applicable: <i> </i> First-Aid: <i> </i> CPR: <i> </i> EMT: <i> </i> Medical Professional: <i> </i> None: <i> </i>																			
17. Part 50 Document Control Number: (form 7000-1)										18. Union Affiliation of Victim:									

Victim Information:

1. Name of Injured/III Employee:			2. Sex		3. Victim's Age		4. Last Four Digits of SSN:			5. Degree of Injury:									
6. Date(MM/DD/YY) and Time(24 Hr.) Of Death:							7. Date and Time Started:												
8. Regular Job Title:					9. Work Activity when Injured:					10. Was this work activity part of regular job? <i>Yes No</i>									
11. Experience: a. This		Years	Weeks	Days	b. Regular		Years	Weeks	Days	c. This		Years	Week	Days	d. Total		Years	Weeks	Days
Work Activity:					Job Title:					Mine:					Mining:				
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